

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE **RECEIVED**

In re Patent Application of

WOLPERT et al.

Application No.: 09/319,736

Filed: August 2, 1999

For: THERAPEUTIC APPLICATIONS OF
ANTIGENS OR EPITOPES
ASSOCIATED WITH IMPAIRED
CELLULAR PEPTIDE PROCESSING,
E.G. EXPRESSED ON RMA-S CELLS
TRANSFECTED WITH A B7-1 GENE



Group Art Unit: 1635

Examiner: K. Hickey

SEP 27 2000

TECH CENTER 1600/2000

AMENDMENT AND REPLY TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Enclosed is an Amendment and Reply for the above-identified patent application.

☒ A Petition for Extension of Time is also enclosed.

☐ A Terminal Disclaimer and a check for ☐ \$55.00 (248) ☐ \$110.00 (148) to cover the requisite Government fee are also enclosed.

☒ Also enclosed is an Information Disclosure Statement Transmittal, an Information Disclosure Statement, a PTO Form 1449 with one reference.

☒ One(1) statement(s) claiming small entity status
☐ are also enclosed ☒ were submitted previously.

☐ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$345.00 (279) ☐ \$690.00 (179) fee due under 37 C.F.R. § 1.17(e).

☐ Applicant(s) previously submitted __, on __, for which continued examination is requested.

☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.

☐ No additional claim fee is required.

☒ An additional claim fee is required, and is calculated as shown below:

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AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	130	MINUS 20 =	110	× \$18.00 (103) =	\$1,980.00
Independent Claims	15	MINUS 9 =	6	× \$78.00 (102) =	\$468.00
If Amendment adds multiple dependent claims, add \$260.00 (104)					
Total Amendment Fee					\$2,916.00
If small entity status is claimed, subtract 50% of Total Amendment Fee					\$1,458.00
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$1,458.00

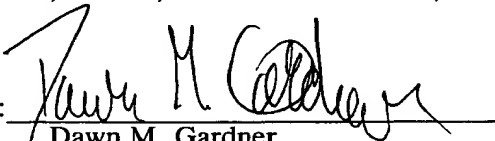
☒ A claim fee in the amount of \$ 1,458.00 is enclosed.

☐ Charge \$_____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By: 
Dawn M. Gardner
Registration No. 44,118

P.O. Box 1404
Alexandria, Virginia 22313-1404
(703) 836-6620

Date: September 18, 2000